

SUBMISSION

Thursday, 31 August 2023

AMA submission – House of Representatives Standing Committee on Health, Aged Care and Sport’s Inquiry into Diabetes in Australia

Health.Reps@aph.gov.au

Introduction

The AMA welcomes the opportunity to make a submission to The House of Representatives Standing Committee on Health, Aged Care and Sport’s *Inquiry into Diabetes in Australia*.

The AMA is concerned about the impacts of diabetes on the Australian community, the health system, and the economy more broadly. The AMA believes that to improve health outcomes relating to diabetes, the focus must be on preventive health and measures that better address the underlying social determinants of health that influence population health and wellbeing.

The AMA’s submission will be responding to the following terms of reference:

3. The broader impacts of diabetes on Australia’s health system and economy;
4. Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity; and
5. The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

The broader impacts of diabetes on Australia’s health system and economy

More than 1.3 million (1 in 20) Australians were living with diabetes in 2021.¹ The cost of the health system expenditure on diabetes in Australia is an estimated \$3.1 billion.² The AMA believes that preventive measures are key to lessen the impact of diabetes on Australia’s health system and economy, as prevention not only saves lives, but also takes pressure off the health system in the long term.

In June 2023, the AMA released its *Health is the Best Investment Report* which makes a case for preventive health measures being better funded, as an investment for the future health of Australia. Doctors, especially GPs have a vital role to play in preventive health in terms of early intervention and helping patients to manage risk factors.

Systemic action to reduce obesity and to improve nutrition is fundamentally important to preventing and reducing type 2 diabetes in Australia. AMA supports the *National Obesity Strategy* (2022) and the *National Preventive Health Strategy* (2021); however, we are concerned about the lack of direction on how both strategies are being implemented. The *National Preventive Health Strategy* includes elements of robust policy recommendations on a range of population level health factors interrelated to diabetes, such as health literacy,

nutrition, and physical activity, all of which should be implemented fully to support Australia's health system and economy.

Reducing the number of Australians above a healthy weight and improving population diets is an urgent public health priority in Australia. This needs to be addressed by all levels of government using whole-population focused prevention and early intervention. It is important to acknowledge the social and cultural determinants of health that impact on an individual's ability to make healthy food and lifestyle choices.³

Around two in three Australian adults, and one in four children are living with overweight or obesity.⁴ Many Australians are experiencing poor health as a result, with overweight, obesity and poor diets increasing risk for non-communicable diseases including type 2 diabetes, heart disease and cancer, and making a significant contribution to Australia's burden of disease.⁵

Type 2 diabetes is particularly strongly linked to obesity and poor diet – with obesity responsible for 55 percent of its burden and dietary risks responsible for 26 percent.⁶ Systemic action to reduce obesity and to improve nutrition is fundamentally important to preventing and reducing type 2 diabetes in Australia. Overweight and obesity also have significant economic impacts. Overweight (including obesity) is the most expensive risk factor for Australia's health spending by disease, contributing to 18 per cent of health spending on diseases attributed to modifiable risk factors – an estimated \$4.3 billion.⁷

Any interrelated health issues between diabetes and obesity in Australia, including the relationship between type 2 and gestational diabetes and obesity, the causes of obesity and the evidence-base in the prevention, diagnosis and management of obesity

As mentioned, the links between Type 2 diabetes and obesity are significant. The AMA suggests several evidence-based preventive health measures to tackle the systemic issues associated with obesity.

Sickly Sweet

The AMA advocates that a tax on sugar sweetened beverages will help reduce the prevalence of diabetes in Australia. The [Sickly-Sweet](#) campaign is the AMA's key preventive health policy priority within the area of obesity and nutrition. The campaign calls on the Government to tax sugar sweetened beverages to address obesity and chronic illnesses that arise from sugar consumption of which these drinks are a large contributor. Increasing the retail price of an average supermarket sugary drink by 20 per cent would lead to a reduction in obesity of around 2 per cent and 16,000 fewer cases of type 2 diabetes in Australia over 25 years. Profits of the tax could go towards funding preventative health measures. Australians drink 2.4 billion litres of sugary drinks every year, with the average 375 ml can of soft drink containing more than the daily recommended amount of sugar and no nutritional benefit.⁸ The availability and prominence of these foods and beverages must be reduced for better health outcomes.

Harmful advertising and children

The AMA fully supports proactive measures to tighten advertising regulation to protect the health of Australia's children and put their health ahead of industry profits. We support restricting advertising of unhealthy food and harmful product advertising targeting children as a key measure to improve health outcomes and wellbeing for Australian children. It is important to prevent obesity during childhood, as obese children and adolescents often have other comorbidities such as dyslipidemia, metabolic syndrome, liver disease, sleep apnoea and cardiovascular disease, as well as a greater risk of developing type 2 diabetes.⁹

We strongly recommend the Australian Government introduce comprehensive regulation, independent of the industry, to prevent children's exposure to unhealthy food marketing. This regulation must:

- ensure television, radio and cinema are free from unhealthy food marketing from 6am to 9.30pm
- prevent processed food companies targeting children
- ensure that public spaces and events are free from unhealthy food marketing
- protect children from digital marketing of unhealthy food.¹⁰

These protections must apply to all children up to age 18, include all forms of marketing and promotion, apply to brand marketing, and be applied in legislation that uses a strong definition of unhealthy food that reflects the Australian Dietary Guidelines and current evidence on healthy diets.

The AMA calls for better regulation which will ensure that the industry is being put on notice. The ongoing saturation of marketing of harmful products like gambling, alcohol, and junk food is linked to an increase in consumption.¹¹ The AMA recognises there is no silver bullet in preventive health. Tackling the impacts of health issues such as overweight and obesity on the population requires a broad suite of measures.

Improving the Promotion of Preventive Health Activities and Data Collection

The AMA recognises the importance of promoting healthy behaviours, as a broader preventive health measure against diabetes. This includes promoting healthy weight, diet, and exercise in public education campaigns.¹² The Commonwealth Government must also work with state and territory government to ensure that primary and secondary school physical education and participatory sports programs is a core syllabus component, and that school canteens are prevented from selling unhealthy products. The AMA also suggests that hospitals, and other health and government organisations should be prevented from having unhealthy vending machine products.¹³ Better data collection surrounding diabetes is also needed, to improve the National Diabetes Registry and help better understand the prevalence of all types of diabetes in Australia, especially regarding young children.¹⁴

Wound Care

In 2022, the AMA released its [report- Solutions to the chronic wound problem in Australia](#), calling for better wound care management. Patients with diabetes often suffer chronic wounds, which take longer to heal and increase a person's risk of developing infections and other complications. The report estimated that diabetic foot ulcers cost the health system \$190 million every year.¹⁵ Every three hours of every day, one Australian loses a lower limb as a direct result of a diabetes-related foot disease. The AMA called for a two-pronged approach to tackle diabetes and chronic wounds through prevention and better treatment.

The May 2023 Federal budget included \$50 million for a wounds consumable scheme in general practice, starting with diabetes patients, a recommendation made in the AMA's wound care report,¹⁶ however further progression of this scheme is yet to be seen. The AMA implores the committee to consider this scheme, and wound care management in relation to diabetes, as it significantly impacts on Australia's health system and economy.

The effectiveness of current Australian Government policies and programs to prevent, diagnose and manage diabetes.

The relationship between the social determinants of health and diabetes

The social determinants of health have a huge impact on health issues such as obesity in Australia. The cost of living and food insecurity contributes to a lack of healthy nutritious options for those living in poverty, leading to poor health outcomes related to obesity.¹⁷ The AMA acknowledges that a person's health is shaped by the social, economic, cultural, and environmental conditions in which they live.¹⁸ Health inequities typically arise because of inequalities within society. Currently these inequalities are not being adequately addressed by the Australian Government.

People living in rural and remote communities commonly experience significant health disadvantages because of geographical barriers and reduced access to healthcare compared with metropolitan communities. This leads to worse health outcomes especially for people living with chronic conditions like diabetes, who are facing longer waiting times and higher-out-of-pocket costs. The Australian Institute of Health and Welfare (AIHW) revealed that hospitalisation rates for diabetes in 2019-20 were almost three times higher for people living in remote Australia compared to those in major cities. In 2020, diabetes death rates were also twice as high for people living in remote and very remote areas.¹⁹

AMA believes that to achieve health equity, focus must not only be on treating disease and modifying risk factors, but also on the underlying social determinants of health that influence population health and wellbeing. The AMA notes that the *National Preventive Health Strategy (2021)* acknowledges the underlying social, economic, environmental and cultural determinants of health, which means prevention efforts need to be widely targeted and not focused only on individual behaviour change.

Diabetes prevalence for Aboriginal and Torres Strait Islander Peoples

The AMA notes that Aboriginal and Torres Strait Islander people experience disproportionately high levels of diabetes, with almost eight per cent of Aboriginal and Torres Strait Islander people living with diabetes in 2018-19.²⁰ The prevention of diabetes, as well as early detection and management are critical for reducing the impact of diabetes on Aboriginal and Torres Strait Islander people.²¹

There is an increased risk of kidney failure due to diabetes in Aboriginal and Torres Strait Islander communities.²² The rate of disease burden due to chronic kidney disease for Indigenous Australians is eight times the rate for non-Indigenous Australians, however research shows that Indigenous patients with kidney failure are less likely to be wait-listed for transplantation than non-Indigenous Australians.^{23,24} The barriers to accessing kidney transplantation include systemic barriers such as service availability and likelihood of referral for transplant evaluation, cultural bias and individual patient factors such as co-morbidities which affect the acceptability of a kidney transplant.²⁵

The AMA suggests that the Australian Government better invest in addressing systemic healthcare inequality,²⁶ as well as prevention and improving early detection of diabetes for Aboriginal and Torres Strait Islander people, which in turn would improve the impact of chronic diseases such as chronic kidney disease in these population significantly. The AMA also notes the importance of ensuring medication access for patients, especially maintaining Close the Gap prescription access and subsidy for Aboriginal & Torres Strait Islander peoples.²⁷

Conclusion

The AMA welcomes the chance to engage with this Inquiry into Diabetes in Australia and implores the committee to consider the ability of preventive health measures to improve health outcomes related to diabetes in Australia.

Contact

president@ama.com.au

-
- ¹ AIHW (2023) *Diabetes: Australian Facts*. Retrieved 08/07/23 from: <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/summary>
- ² Ibid.
- ³ Australian Medical Association (2020) *Social Determinants of Health*. Retrieved 09/08/23 from: <https://www.ama.com.au/articles/social-determinants-health-2020-1>
- ⁴ Australian Bureau of Statistics. (2018) 4364.0.55.001 - *National Health Survey: First Results, 2017-18*.
- ⁵ AIHW (2021) *Australian Burden of Disease Study: Impact and causes of illness and death in Australia 2018 - summary report*. Retrieved 14/08/2023 from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-summary/summary>.
- ⁶ Australian Institute of Health and Welfare (2021) *Australian Burden of Disease Study 2018: Interactive data on risk factor burden, AIHW, Australian Government*. Available from: <https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-risk-factors/contents/about>
- ⁷ Australian Institute of Health and Welfare (2022) *Health system spending per case of disease and for certain risk factors, AIHW, Australian Government*. Available from: <https://www.aihw.gov.au/reports/health-welfare-expenditure/health-system-spending-per-case-of-disease-and-oth/contents/about>
- ⁸ Australian Medical Association (2021) *A Tax on Sugar Sweetened Beverages- What Modeling Shows*. Retrieved 17/08/23 from: <https://www.ama.com.au/articles/tax-sugar-sweetened-beverages-what-modelling-shows-0>.
- ⁹ Pulgarón E. R. (2013). Childhood obesity: a review of increased risk for physical and psychological comorbidities. *Clinical therapeutics*, 35(1), A18–A32. <https://doi.org/10.1016/j.clinthera.2012.12.014>
- ¹⁰ Australian Medical Association (2023) *Junk Food advertising Ban a Salvo on Childhood Obesity*. Retrieved 17/08/2023 from: <https://www.ama.com.au/media/junk-food-advertising-ban-salvo-child-obesity>.
- ¹¹ ObesityEvidenceHub (2022) *Impact of Unhealthy Food Marketing on Children*. Retrieved 17/08/2023 from: <https://www.obesityevidencehub.org.au/collections/prevention/the-impact-of-food-marketing-on-children>.
- ¹² Australian Medical Association (2018) *Nutrition Position Statement*. Retrieved 23/08/23 from: <https://www.ama.com.au/position-statement/nutrition-2018>
- ¹³ Ibid
- ¹⁴ Andrikopoulos, S., James, S., & Wischer, N. (2021). What Gets Measured Gets Improved-Setting Standards and Accreditation for Quality Improvement for Diabetes Services in Australia. *Journal of diabetes science and technology*, 15(4), 748–754. <https://doi.org/10.1177/19322968211009910>
- ¹⁵ Australian Medical Association (2022) *Solutions to the chronic wound problem in Australia*. Retrieved 16/08/23 from: <https://www.ama.com.au/solutions-to-the-chronic-wound-problem-in-australia>
- ¹⁶ Australian Medical Association (2023) *Strides made on health with focus on general practice in federal budget*. Retrieved 16/08/23 from: <https://www.ama.com.au/media/strides-made-health-focus-general-practice-federal-budget>
- ¹⁷ AIFS (2020) *Understanding Food Insecurity in Australia*. Retrieved 17/08/2023 from: <https://aifs.gov.au/resources/policy-and-practice-papers/understanding-food-insecurity-australia>.
- ¹⁸ Australian Medical Association (2020) *Social Determinants of Health*. Retrieved 09/08/23 from: <https://www.ama.com.au/articles/social-determinants-health-2020-1>
- ¹⁹ Australian Institute of Health and Welfare (AIHW) (2022) *Diabetes: Australian facts*. Retrieved 24 August 2023 from: <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/summary>
- ²⁰ AIHW (2023) *Diabetes: Australian Facts*. Retrieved 08/07/23 from: <https://www.aihw.gov.au/reports/diabetes/diabetes/contents/summary>
- ²¹ Ride, K. and Burrow, S. (2022) Review of diabetes among Aboriginal and Torres Strait Islander people, *Journal of the Australian Indigenous HealthInfoNet*: Vol. 3 : Iss. 2 , Article 1.
- ²² AIHW (2011). *Chronic kidney disease in Aboriginal and Torres Strait Islander people 2011*. Cat. no. PHE 151 Canberra: AIHW.
- ²³ NIAA (2023) *Kidney Disease*. Retrieved 15/08/2023 from: <https://www.indigenoushpf.gov.au/measures/1-10-kidney-disease#references>
- ²⁴ Garrard E, et al. (2019). *Improving Access to and Outcomes of Kidney Transplantation for Aboriginal and Torres Strait Islander People in Australia: Performance Report*. The Transplantation Society of Australia and New Zealand.
- ²⁵ Kelly J. et al. (2020) *Cultural bias Indigenous kidney care and kidney transplantation report*. Lowitja Institute.

²⁶ Khanal N, Lawton PD, Cass A & McDonald SP (2018). Disparity of access to kidney transplantation by Indigenous and non-Indigenous Australians. *Medical Journal of Australia* 209:261-6.

²⁷ Australian Medical Association (2022) *Closing the Gap PBS Co-Payment Program Registration Grace Period* Retrieved 23/08/23 from: <https://www.ama.com.au/gpnn/issue-22-number-22/articles/closing-gap-pbs-co-payment-program-registration-grace-period>